U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 2529

3. Name and address of person filing.

Name ROBERT C MAIDA JR

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

Name CHICAGO MANERS UNION#2 /CWA 14430

4. Name, file number, and address of labor organization.

·	Labor Organization File Number 0/3068
P.O. Box, Bldg., Room No., if any SUITE 16	P.O. Box, Building and Room Number, if any 5017£ 16
Street 930 N. YORK ROAD	Street 930 N. YORK ROAD
city HINSDALE	City HINSDALE
State TLLINOIS ZIP Code + 4 60521	State ILLINOIS ZIP Code + 4 60521
5. Position in labor organization. PRESIDENT / TRUS	TEE
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the excl	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount
Street	
City	
State ZiP Code + 4	
Sign	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompanundersigned's knowledge and belief, true, correct, and complete. (See the set Signed)	ying documents), has been examined by the signatory and is, to the best of the ection on penalties in the instructions.)
Signed Mett 11 aug f.	On <u>7-/-05</u> <u>630-455-6889</u> Date Telephone Number
Form LM-30 (2003)	Page 1 of 2

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

dealing with your labor organization or with a trust in which your labor organiza	RION IS IRREPOSTED.
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name CWA-ITV NEGOTIATED PLUSON PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any SUTE 120	11.a. Nature of such dealing. I SERVE AS A TRUSTEE ON THE PLAN'S BOARD OF TRUSTEES
Street 831 S. NEVADA AVE City COLORADO SPRINGS State CO ZIP Code + 4 80903	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. REIMBURSEMENT BY CHECK OF TRAVEL HOTEL, MEALS, & MISC. EXPENSES TO ATTEND MEETINGS ON APRIL 18-20, JULY 31-AUG 3 AND DECEMBER 3, 2004

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or (including trade name, if any).	Labor Relations Consultant		14.a. Nature of payment.	
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State	ZIP Code + 4			
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.	

12.b. Amount,

B. Held an interest in or derived income or economic benefit with monetary valus ubstantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name LoomIS SAYLES & ComPANY Trade Name, if any: P.O. Box, Bidg., Room No., if any SUITE 300 Street 39533 N. WOODWARD AVE City BLOOMFIELD HILLS State MI ZIP Code + 4 48304	9. Business deals with: a. Labor Organization X b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name CWA/ITV NEGOT/ATES PENSION PLAN Trade Name, if any: P.O. Box, Bldg., Room No., if any SUITE 12-0 Street 83/ S. NEVADA AVE City COLOR ADO SPRINGS State CO ZIP Code + 4 80903	11.a. Nature of such dealing. BUSINESS PROVIDES INVESTMENT MANAGEMENT SERVICES TO THE TRUST. 11.b. Approximate dollar value of such dealing. # 596, 767 12.a. Nature of interest held or income received. DINNERS AFTER BOARD OF TRUSTEE MEETINGS IN WHICH INVESTMENT PREFORMANCE WAS REVIEWED ON H-18-04 & 8-3-04. MY SPONSE ALSO ATTENDED 12.b. Amount. # 371.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

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Ivame	of Person	1 FIIING

ROBERT C. MAIDA JR

File Number U- 2525

CONGRESS FOR TRUSTEES, ADVISORS, & OTHE MANAGERS ON 8-2-04 MY

SPOUSE ALSO ATTENDED

12.b. Amount. \$75.00

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: CONGRESS ASSET MANAGEMENT a. Labor Organization Trade Name, if any: X b. Trust P.O. Box, Bldg., Room No., if any c. Employer 2 SEAPORT LANE BOSTON ZIP Code + 4 02210 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Name CWA/ITU NEGOTIATES PENSION RAN BUSINESS PROVIDES INVESTMENT MANATEMENT SERVICES TO Trade Name, if any: P.O. Box, Bldg., Room No., if any SUITE 120 TRUST Street 831 5- NEVADA AVE 11.b. Approximate dollar value of such dealing. \$ 192, 500 City COLORADO SPRINGS
ZIP Code + 4 8 0903 12.a. Nature of interest held or income received, ATTENDED RECEPTION AFTER BOARD OF TRUSTEES MEETING HOSTED BY

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.	
Name		ł	
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street			
City]	
State	ZIP Code + 4	ļ	
13,b. Is the Business an Employer	or Consultant ?		14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary valid substantial part of which consists of buying from, selling or leasing to, or otherwood an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name ASB CAPITAL Trade Name, if any: P.O. Box, Bldg., Room No., if any SUITE 310	a. Labor Organization X b. Trust	
Street 1919 M STREET N.W.	c. Employer	
State D. E. ZIP Code +4 20036	-	
10. If 9.b, or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name CWA-ITU NEGOTIATES PENSIONA	BUSINESS PROVIDES INVESTMENT	
Trade Name, if any:	MANAGEMENT SERVICES TO THE	
P.O. Box, Bldg., Room No., if any SUITE 120	TRUST	
Street 831 NEVADA AVE	11.b. Approximate dollar value of such dealing. # 223, 843	
City COLORADO SPRINGS State CO ZIP Code + 4 80903	12.a. Nature of interest held or income received. ATTENDED RECPTION AFTER BUABLO OF TRUSTEES MEETING HOSTED BY ASB FOR THE TRUSTEES, ADVISORS & OTHER MANNES ON 4-19-04. MY SPOUSE ALSO ATTENDED	
	12.b. Amount. 75.00	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		ļ	
Street			
City			
State	ZIP Code + 4	}	
13.b. is the Business an Employer	or Consultant ?		14.b. Amount of payment.

TICKETS TO RADIOCITY MUSIC HALL

FOR MYSELF AND SPOUSE ON 11-25-04

VISIT TO N.Y.

ZIP Code + 4 80903

C. Received from any employer (other or from any labor relations consultant to a			
Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.	
Name		1	
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any		<u> </u> 	
Street		į	
City		l	
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.

State Co